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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**NEW UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
(only for new nonprovisional applications under  
37 CFR 1.53(b))

Attorney Docket Number	20412-08085
First Named Inventor	Michael A. Baxter
Title	Meta-Address Architecture for Parallel Dynamically Reconfigurable Computing
Express Mail Label No.	EV338300572 US

03506 U.S.P.T.O.  
10/618428  
07/10/03

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	Total Pages <input type="text" value="83"/>	9. <input type="checkbox"/> Power of Attorney or Authorization of Agent	
■ Descriptive Title of the Invention		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement	
■ Cross Reference(s) to Related Case(s)		11. <input checked="" type="checkbox"/> Preliminary Amendment	
■ Statement Regarding Fed sponsored R & D		12. <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A □ Copies of IDS Citation(s)	
■ Background of the Invention		13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent	
■ Brief Summary of the Invention		14. <input checked="" type="checkbox"/> Return Postcard	
■ Brief Description of the Drawing(s)		15. <input type="checkbox"/> _____	
■ Detailed Description		16. <input type="checkbox"/> _____	
■ Claim or Claims		17. <input type="checkbox"/> _____	
■ Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets <input type="text" value="29"/>		
5. Oath or Declaration			
a. <input type="checkbox"/> Declaration	Total Pages <input type="text" value="2"/>		
<input type="checkbox"/> Executed (original or copy)			
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09/255,499

Prior application information: Examiner: Larry Donaghue Group/Art Unit: 2185

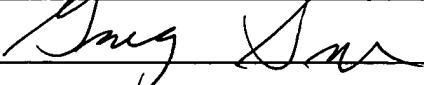
For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**



Customer Number and Bar Code  
Label

00758

Name (Print/Type)	Greg T. Sueoka	Registration No. (Attorney/Agent)	33,800
Signature			Date <u>7/10/03</u>

20412/01000/DOCS/1362283.1

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** **(\$)** 834**Complete if Known**

Application Number	Unassigned
Filing Date	Unassigned
First Named Inventor	Michael Baxter
Examiner Name	Larry D. Donaghue
Art Unit	2185
Attorney Docket No.	20412-08085

**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money Order  Other  None  
 Deposit Account:
Deposit Account Number **19-2555**Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity			
Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>750</b>		

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	15	-20** =	
Independent Claims	4	-3** =	
Multiple Dependent			
Large Entity	Small Entity		
Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)
1202	18	2202	9
		Claims in excess of 20	
1201	84	2201	42
		Independent claims in excess of 3	
1203	280	2203	140
		Multiple dependent claim, if not paid	
1204	84	2204	42
		**Reissue independent claims over original patent	
1205	18	2205	9
		**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>84.00</b>

\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			
<b>SUBTOTAL (3)</b>			<b>(\$)</b>

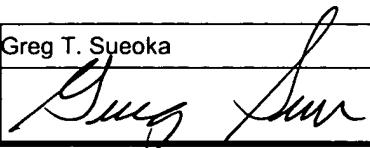
\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type) **Greg T. Sueoka** Registration No. **33,800** Telephone: **650-335-7194**

Signature



Date

